

## **[Report of the Medical Officer of Health for Friern Barnet].**

### **Contributors**

Friern Barnet (London, England). Urban District Council.

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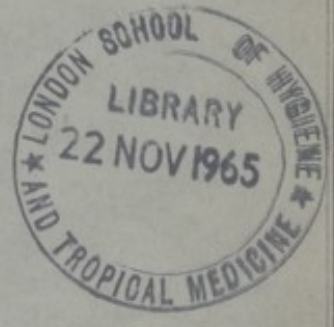
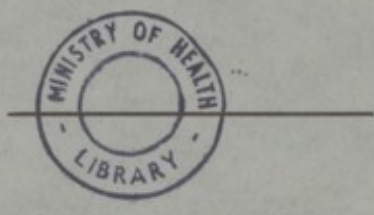
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# Friern Barnet Urban District Council

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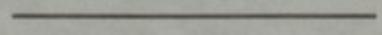
## ANNUAL REPORT

of the

## MEDICAL OFFICER OF HEALTH

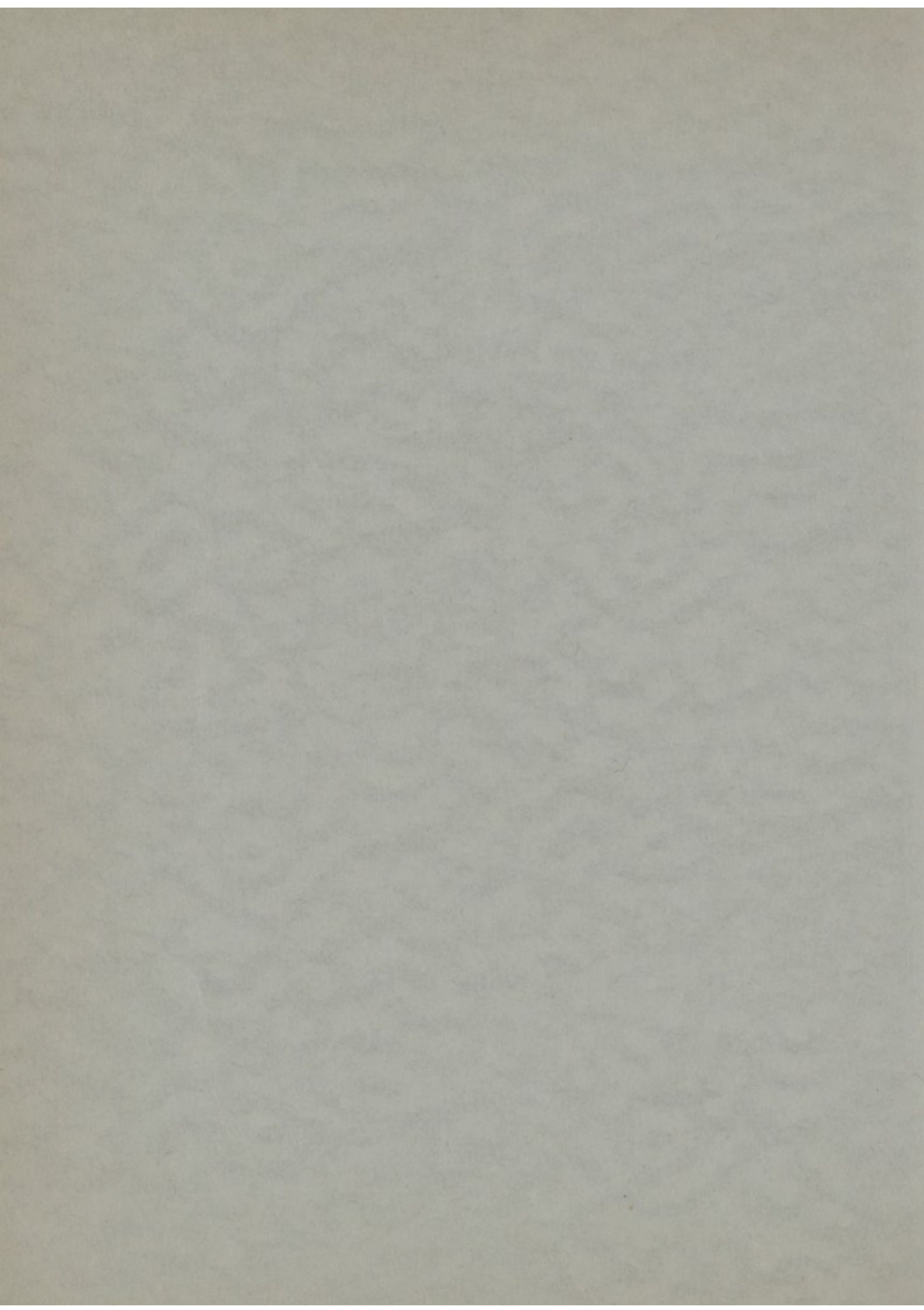
FOR THE YEAR

### 1956



WM. CLUNIE HARVEY, M.D., D.P.H.  
*Medical Officer of Health*

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FRIERN BARNET URBAN DISTRICT COUNCIL.

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the Year

1956.

WM. CLUNIE HARVEY, M.D., D.P.H.

Medical Officer of Health.



Public Health Department,  
Town Hall,  
Friern Barnet,  
Middlesex.

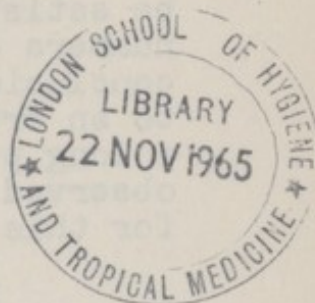
The Chairman and Members of the  
Friern Barnet Urban District Council.

Madam Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report  
of the Medical Officer of Health for the year 1956.

The period under review was again comparatively  
uneventful. No major epidemics or outbreaks of infectious  
diseases occurred. Indeed, the total number of infectious  
disease notified during the year (193) was the lowest  
recorded since 1939. The matter of infectious diseases  
will be discussed in greater detail in the section of  
the Report dealing with prevalence and control.

The vital statistics were also satisfactory.  
The birth rate again rose very slightly, from 11.1 in 1955  
to 11.6. The death rate, apart from deaths which occurred  
in Friern Hospital, remained almost stationary (9.1 in 1955;  
8.9 in 1956). It is once again pleasing to report that  
no maternal deaths occurred during the year. Only one  
maternal death has been recorded in Friern Barnet within  
the past ten years, during which period 3,140 births have  
taken place. The infantile mortality rate, i.e. the  
number of infants who died under 1 year per thousand live  
births was 21.1 an appreciable decrease over the figure  
for 1955, which was 25.2. It is also important to note  
that, of the total number of seven infants under 1 year  
who died during 1956, no fewer than five died during the  
first four weeks of life. The importance of this figure  
lies in the fact that deaths of infants under one year  
which take place within the first few weeks of life are  
more often than not unpreventable. Although the  
prevention of infant mortality is one which rests very  
largely with the County Council, I need scarcely inform  
the Council that all deaths are carefully investigated and  
all steps taken to ensure that preventable causes are  
reduced to the practical minimum.



Although these vital statistics can be said to be satisfactory, I should once again point out that the numbers concerned are too restricted to allow of lasting conclusions being drawn. Vital statistics applicable to an area such as Friern Barnet must be considered over a long period, so that any appreciable trends may be observed and studied. Arrangements have been made for this to be done.

Detailed consideration will be given later in the Report to individual infectious diseases, but it may be opportune at this point to say a few words relating to epidemiology, a subject, a most important subject, which comes within the province of local authorities such as Friern Barnet.

It is not so many years since the science of epidemiology concerned itself almost exclusively with the causation and prevention of epidemics, outbreaks or even individual cases of infectious disease. This is no longer the case, indeed, the word 'epidemiology' has taken on a profoundly different meaning. Epidemiology must now take notice of any factor or factors operating in an area which is likely to affect health in any way. It must be admitted that the machinery for obtaining the necessary information from which pertinent conclusions can be drawn, is by no means perfect. Thus, although we are in a position to learn about and to investigate causes which produce mortality among infants and pregnant women, and although we know a great deal about the health of our school children, we are still not in a position to obtain and evaluate sickness figures which affect the population as a whole. It is difficult to see how this problem can be overcome. The necessary material is admittedly in the hands of many persons; the general practitioner, the Ministry of Pensions and National Insurance, and industrial Medical Officers, to mention only three sources of information. As I have said, however, the machinery for collating this information and making it available to Medical Officers of Health has not yet been devised. As the Medical Officer of Health is charged with the duty of safeguarding the health of the community for which he acts, and as all factors affecting health should rightly come within his province,

it is sincerely to be hoped that the day will eventually arrive when the true vital statistics of a district such as Friern Barnet, using these words in their fullest sense, will be available in such a manner as to be studied as a composite whole. Meantime, we must make the best possible use of all the information at our disposal. It is here that contact with general practitioners to which I made reference in last year's Annual Report, is so very useful. I should like to make it clear that I have received the most cordial co-operation from general practitioners since taking up my office as Medical Officer of Health for Friern Barnet. For this co-operation I am truly grateful.

Health education as it is practised in Friern Barnet calls for special mention. It is becoming more and more obvious that, to neglect health education, is to throw away a weapon which should be in every local authority's hands and which should be used with regularity and with vigour. I think it can be truthfully said that health education has not been neglected in Friern Barnet. Talks are given from time to time to local organisations; articles on matters concerning health appear in the local press, by courtesy of the editors; the magazine "Better Health" is circulated throughout the district; while use is made of posters, pamphlets and leaflets on a variety of subjects in which the average man and woman should, indeed, must for their own and for the community's sake, be interested.

I would make special mention of three other ways in which health education has been encouraged in Friern Barnet during the year.

The Health Services Handbook, to which reference was made in the Annual Report for 1955, became available during the year and was circulated throughout the district. The booklet was well received, and has proved most useful. The kiosk outside the Town Hall has also proved of the greatest value. No less than eighteen exhibits have been prepared by the Public Health staff since the kiosk was first brought into use in 1955. The subjects covered such varied aspects of health as:



Food Hygiene  
Rodent Control  
Accidents in the Home  
Immunisation  
Atmospheric Pollution  
Tuberculosis - Chest X-rays.

Mr. Jackaman and his staff have put a great deal of work into this project, work which, I am confident, has proved of practical benefit.

The third matter to which I would refer was the Clean Food Exhibition held in the Town Hall from 14th. May to 26th. May. As this matter will be referred to in greater detail later in the Report, I will merely content myself with saying that the exhibition was a marked success. Once again, Mr. Jackaman and his staff must be complimented on the results of their considerable efforts.

"It pays to advertise" is a slogan which one should never need to apply to health. Unfortunately, it is sometimes much more difficult to sell health than to sell a new motor car or a television set!

The year 1956 has seen two great advances in the field of Public Health. The first was the introduction of the Housing (Repairs and Rents) Act, 1954. Work carried out under this Act will be referred to in the appropriate section of this Report, especially the most important task of slum clearance. The second event was the coming into operation of the Food and Drugs Act, 1955. Both of these pieces of legislation have placed quite appreciable additional burdens upon the shoulders of Mr. Jackaman and the Public Health Inspectors, burdens which they have willingly, indeed cheerfully accepted. Although it would be quite futile to dwell on any further additions which might come within the next few years, we do know that the Clean Air Act has arrived, and that local authorities are being encouraged to give this matter their earnest consideration. All in all, it is reasonably apparent

that the work of local authorities in the field of public health is quite rightly being expended. We must now await with interest, the possible changes envisaged in any reorganisation of local government which may come about. Meantime, I think it can be truthfully said that Friern Barnet has fulfilled its obligations in the manner which I have already learnt it regards as a tradition in the Urban District.

Before concluding this introduction to my Annual Report, I would refer to two subjects which very greatly affect the health and well-being of considerable sections of the community. The first is housing.

We now know only too well that one of the most acute factors affecting health and happiness lies in the housing problems which face so many families today. It will be obvious that the environmental conditions under which people have to live and work exert a most significant bearing on the occurrence of disease, not only infectious diseases, but also illnesses in general. Apart from actual disease, we must equally remember that housing conditions which do not add up to the standard which the population of such a great country as ours has a right to expect today, produce what one might describe as a half-way house, a sombre hinterland, in which the people may not actually be suffering from any definable illness, but in which they could never be said to enjoy a full measure of positive health. It is extremely difficult to assess the effect of this lack of robust, positive health in any section of the community. It must be clear, however, that happiness, contentment, even the ability to use the faculties of the body and the mind to their fullest extent, will, sooner or later be jeopardised. I will refer to this in more detail in succeeding paragraphs, but I would meantime stress that this factor, although admittedly indefinable; is none the less significant.

When dealing with houses, we have to consider two quite distinct major problems. The first deals with structural defects, defects affecting the bodies

of the occupants more than their minds. Apart from the relatively few houses in Friern Barnet which are being dealt with under the broad heading of slum clearance - a term which I have never particularly liked - I am satisfied that structural defects do not necessarily have a serious effect on the health of the community. They must obviously receive attention. This attention they do receive from Mr. Jackaman and from the Public Health Inspectors, as will be noted from the information submitted month by month to the Public Health Committee and summarised in the Report.

The second major problem is much, very much more important. I refer to overcrowding, a social menace of the first order. Overcrowding exerts its pernicious influence mainly in two directions. First, overcrowded families continue to live under conditions which favour the spread of disease. I need scarcely say that, when several families live in one house which was never intended for this purpose, the chance of infection spreading from one family to the other is considerable. Further, when beds are used to sleep two or three times the number which the size of the bed would normally accommodate, this danger is appreciably magnified. That is the obvious result of over-crowding, an undesirable end-product which has long been recognised. One might describe this aspect of the problem as purely physical and we can see for ourselves what is happening; we can even take certain steps to minimise or at best reduce the dangers. But there is another facet of the problem which, in my submission, calls for even more urgent attention. The effects here are insidious, often latent, that in the end can spell stark tragedy.

Overcrowded families are seldom happy families. It is under these conditions that social problems are born and blossom like noisome weeds, problems such as the unfortunate splitting up of families, delinquency, the development of dangerous strains and nervous conditions, the eventual outcome of which is literally unpredictable. In this connection, there are two facts which we must appreciate. In the first place, it would be untrue to say that conditions in Friern Barnet, even conditions of

overcrowding such as we know still exists, can be compared with similar conditions in less fortunate districts. The growth of this problem, inevitable during the post-war years, has been jealously watched in Friern Barnet, all possible steps being taken to reduce the problem to a practical minimum. This is very pleasing, none the less the problem exists and will continue to exist until overcrowding, which I have already described as one of the most serious social menaces of our times, is finally abolished.

The second fact which we must realise is the difficulty which the abolition of overcrowding in its entirety presents. Although we must strive for a Utopia, this may never remain more than a dream. But strive we must, by every means at our disposal. The present housing policy in Friern Barnet has made and is making a tremendous contribution. In spite of all the difficulties and set-backs, and we all know how trying these can be, the battle must be joined until at least a reasonable victory has been won. I do not apologise for introducing this matter into my Annual Report, since housing in its many forms is one of the most clamant public health problems which face a local authority.

The second factor which affects health and happiness is closely bound up with housing. This is mental health. I know that mental health is the concern of the County Council as local health authority. I know equally well, however, that the Urban District Council does not wish to divorce itself from consideration of such a significant problem. Indeed, one hopes that, in the not too distant future, the duties concerning mental health may be delegated to local authorities, in this case the Friern Barnet Council; and dares one hope the Friern Barnet Borough Council!

It is a truism to say that the state of the mind exerts a most profound influence on physical health and well-being. Indeed, it is now clearly recognised that a substantial proportion of the ills which affect the human body have their origin in the mind. That is not to say that most of our troubles are imaginary, or that we

are becoming a nation of hypochondriacs. Yet, whether we like it or not, it is our duty to realise that the difficult times through which so many people are passing, not only aggravate the physical imperfections but set into motion a chain reaction which can and very often does result in actual ill-health. How true is it that chain-reactions are by no means confined to the explosion of an atom bomb!

How can the Urban District Council as a local authority make a worth-while contribution to what has now become a truly gigantic problem?. The treatment of disease of the mind does not primarily concern us, although, as we know, we have in Friern Barnet one of the largest mental hospitals in the country. It must never be forgotten that prevention is infinitely better than cure. Our task must surely be to ensure that conditions which disturb the life of the community are reduced to the absolute minimum. Friern Barnet, of course, has done a great deal in this direction. The Urban District Council has provided more than a liberal share of parks, open spaces, playing fields, and trim, pleasing and wide pleasant streets. But although these amenities are literally invaluable they are still not enough. It is here that we return once again to the stark and menacing problem of housing. I have already said that there are still families within the Urban District living under conditions which encourage the onset of mental ill-health. When one uses the expression "mental ill-health", one does not refer to actual insanity, but to that unhappy state into which so many people are plunged when the conditions under which they live are sufficiently unpleasant to render life unhappy, unfruitful and beset with innumerable problems. The alarming increase in mental ill-health throughout the country, severe or even slight, the break-up of families, the work of our divorce courts and juvenile courts, bear witness to the fact that more and more individuals are still living dangerously, often through no fault of their own. The problem may not be as great in Friern Barnet as in some other areas. It is truly a national problem, a problem which cries aloud for consideration as a matter of first priority.

Quite recently, a valuable book by an American author has been published in this country. This book, entitled "The Stress of Life", sets out very clearly the factors which contribute to what I have described as lack of positive health, factors which often lead on to a breakdown in health, sometimes with far-reaching consequences. The author has described this as the "adaptation syndrome". In simple terms this means that conditions are being set up in many families and in many individuals which exert a most significant influence on the health and well-being of increasing numbers of the population. The great value of this book lies in the fact that, possibly for the first time, an attempt is made to assess these factors at their proper value, and to suggest ways in which the brake might be applied. We have still a very long way to go before we find a solution to what is one of the more serious problems facing us today. But a solution must be found. These matters are neither solely theoretical nor the vapourings of abstract sociology. I mention them here because the Public Health Department has a most significant part to play. I feel confident that the Council will afford us full support in the efforts which we are taking to try to bring this problem under adequate control.

Since taking up my duties as Medical Officer of Health for Friern Barnet, I have concluded this Report by expressing my thanks to the Public Health Committee and to the Urban District Council for the unfailing courtesy extended to me. I would like to make it abundantly clear that these thanks are no mere lip-service. I am only too conscious of the continued support which I receive from the Council and from the Public Health Committee, and am sincerely, grateful for it.

I would also extend my thanks to the members of the Public Health Department for yet another year's excellent work. Although I would particularly mention my Deputy, Dr. J. Campbell, whose appointment as Deputy Medical Officer of Health has been of great

service to me during the past year, Mr. Jackaman as Chief Public Health Inspector and Mr. Wilson as Chief Clerk, every member of the Department has fully played his or her part as a true member of the team.

I remain, Madam Chairman, Ladies and Gentlemen,

Your obedient servant.

Wm. C. Harvey.

Medical Officer of Health.

August. 1957.

PUBLIC HEALTH COMMITTEE.

at 31st. December, 1956.

- |                                    |                                |
|------------------------------------|--------------------------------|
| Councillor A. C. Henry.            | (Chairman)                     |
| " J. Foley, F.F.S. F.V.I.          | (Vice-Chairman)                |
| " Mrs. E. Constable, J.P.          | (Chairman of the Council)      |
| " W. H. Tangye, F.R.I.C.S., F.A.I. | (Vice-Chairman of the Council) |
| " E. Fergusson-Taylor F.V.I.       |                                |
| " R. F. Pugh, J.P.                 |                                |
| " Miss M. J. Richards, J.P., B.A.  |                                |

PUBLIC HEALTH STAFF.

- |                                  |   |
|----------------------------------|---|
| Medical Officer of Health        | W. Clunie Harvey, M.D., Ch.B., D.P.H.                   |
| Deputy Medical Officer of Health | J. R. Campbell, M.B., Ch.B., D.P.H.                     |
| Chief Public Health Inspector    | W. R. Jackaman.   |
| Public Health Inspector          | J. K. Harris.   |
| Public Health Inspector          | A. C. Bamping (Appointed 30.1.56)<br>(Resigned 18.2.57) |
| Public Health Inspector          | R. L. R. Beswick (Appointed 23.4.57)                    |
| Chief Clerk                      | J. Wilson.  |
| Assistant.                       | Miss E. Glasscock.                                      |
| Rodent Operative                 | E. T. Crawshaw.   |



STATISTICS OF THE AREA.

|   |         |
|---|---------|
| Area (in acres) .....   | 1,340   |
| Population (Registrar General's estimate 1956)...                                     | 28,570  |
| (District - 26,080)   |         |
| (Friern Hospital - 2,490)   |         |
| Number of inhabited houses according to the<br>rate-books (31st. December, 1956)..... | 7,975   |
| Rateable Value (31st. December, 1956).....  | 438,002 |
| Sum represented by a penny rate.....  | £1,700  |

EXTRACTS FROM VITAL STATISTICS.

LIVE BIRTHS.

|                | <u>Male.</u> | <u>Female.</u> | <u>Total.</u> |
|----------------|--------------|----------------|---------------|
| (Legitimate)   | 163          | 151            | 314           |
| (Illegitimate) | 11           | 7              | 18            |
|                | <hr/>        | <hr/>          | <hr/>         |
| Total          | <u>174</u>   | <u>158</u>     | <u>332</u>    |

BIRTH RATE per 1000 of the estimated population..... 11.6

STILL BIRTHS.

|                | <u>Male.</u> | <u>Female.</u> | <u>Total.</u> |
|----------------|--------------|----------------|---------------|
| (Legitimate)   | 1            | 3              | 4             |
| (Illegitimate) | -            | 1              | 1             |
|                | <hr/>        | <hr/>          | <hr/>         |
| Total          | <u>1</u>     | <u>4</u>       | <u>5</u>      |

STILL BIRTH RATE per 1000 Births (Live and Still)..... 15.0

DEATHS.

|                 | <u>Male.</u> | <u>Female.</u> | <u>Total.</u> |
|-----------------|--------------|----------------|---------------|
| District        | 139          | 93             | 232           |
| Friern Hospital | 68           | 205            | 273           |
|                 | —            | —              | —             |
| Total           | <u>207</u>   | <u>298</u>     | <u>505</u>    |

|  |      |
|--|------|
| <u>DEATH RATE per 1000 of the estimated population</u> |      |
| <u>including Friern Hospital.....</u>                  | 17.7 |
| <u>District only.....</u>                              | 8.9  |

DEATHS OF WOMEN IN CHILDBIRTH.

|                                 |          |
|---------------------------------|----------|
| From Puerperal Sepsis.....      | 0        |
| From other Maternal causes..... | 0        |
|                                 | —        |
| Total                           | <u>0</u> |

|   |     |
|---|-----|
| <u>DEATH RATE per 1000 Births (Live and Still).....</u> | 0.0 |
|---|-----|

DEATHS OF INFANTS (under 1 year of age).

|                | <u>Male.</u> | <u>Female.</u> | <u>Total.</u> |
|----------------|--------------|----------------|---------------|
| (Legitimate)   | 7            | -              | 7             |
| (Illegitimate) | -            | -              | -             |
|                | —            | —              | —             |
| Total          | <u>7</u>     | <u>-</u>       | <u>7</u>      |

|  |      |
|--|------|
| <u>DEATH RATE OF INFANTS (Under 1 year per 1000 Births)...</u> | 21.1 |
|--|------|

POPULATION.

The Registrar General estimated the population of the district at the middle of the year to be 28,570. This was 10 more than the estimate for 1955. The population at the 1951 Census was 29,164.

## BIRTHS.

The number of births assigned to the district was 332, giving a Birth-Rate of 11.6 per 1000 of the population. The correcting factor for age and sex distribution so far as Friern Barnet is concerned is 1.05, so that the rate for comparative purposes was 12.2. The corresponding Birth-Rate for England and Wales was 15.6.

Births and Birth-Rates for the past five years have been:

| <u>Year.</u> | <u>No. of Births.</u> | <u>Birth-Rates.</u>   |                             |
|--------------|-----------------------|-----------------------|-----------------------------|
|              |                       | <u>Friern Barnet.</u> | <u>England &amp; Wales.</u> |
| 1952         | 346                   | 13.7                  | 15.3                        |
| 1953         | 343                   | 13.8                  | 15.5                        |
| 1954         | 274                   | 10.1                  | 15.2                        |
| 1955         | 318                   | 11.7                  | 15.0                        |
| 1956         | 332                   | 12.2                  | 15.6                        |

## DEATHS.

There were 505 deaths during the year. Of these, 273 occurred in Friern Hospital and 232 in the district. This provides an un-corrected Death-Rate of 17.7 per 1000 for the total population, and 8.9 per 1000 for the district excluding Friern Hospital.

The correcting factor for age and sex distribution is 0.55, providing a Death-Rate for comparative purposes of 9.7. The corresponding rate for England and Wales was 11.7.

Until 1953, the majority of the deaths that occurred in Friern Hospital were "outward transfers", that is to say, they were assigned to the districts in which the deceased were resident before admission. A mental hospital is now regarded as the usual place of residence of the patients so that all deaths occurring therein are

assigned to the district in which the Hospital is located. This is the explanation for the apparent increase in the Death Rates recorded in the last few years.

An analysis of the various causes of death will be found at the end of the Report.

The Deaths and Death-Rates for the past five years have been:

| <u>Year.</u> | <u>No. of Deaths.</u> | <u>Death-Rates.</u>   |                             |
|--------------|-----------------------|-----------------------|-----------------------------|
|              |                       | <u>Friern Barnet.</u> | <u>England &amp; Wales.</u> |
| 1952         | 290                   | 10.8                  | 11.3                        |
| 1953         | 450                   | 14.9                  | 11.4                        |
| 1954         | 434                   | 14.2                  | 11.3                        |
| 1955         | 474                   | 15.6                  | 11.7                        |
| 1956         | 505                   | 9.7                   | 11.7                        |

### GENERAL PROVISION OF HEALTH SERVICES.

#### Hospitals.

The situation in regard to the availability of hospital beds is still more or less the same as that recorded in recent Annual Reports. Difficulties met with still centre around the provision of sufficient beds for the chronic sick, particularly the elderly chronic sick.

So far as the provision of beds for the chronic, elderly sick is concerned, this is a matter which I am pursuing with the utmost vigour. I have never hesitated to make this matter known to the authorities concerned. Fortunately, the hospital which provides the geriatric service for the bulk of Friern Barnet, the Whittington

Hospital, has an excellent, well-organised geriatric service, which has never failed to help us within its limited resources. I am sometimes told that Friern Barnet is not the type of district in which there should be any insuperable geriatric problems. My reply is invariably the same. We have a high percentage of old people in Friern Barnet; many of our old people are living on a pension, and although they do not flaunt their difficult position, it needs very little imagination to appreciate the situation in which they find themselves. The position may not be so disturbing in Friern Barnet as in some more thickly populated areas, but the problem exists, as we know only too well. I shall therefore continue to press this problem on every possible occasion.

Apart from the admission to hospital of old persons who are sufficiently infirm to require a hospital bed or who are extremely feeble, there is the other problem, the problem which concerns the admission to a home or institution of an old person who is not necessarily bedridden. It will be appreciated that this problem is not one over which the Urban District Council has any direct control. The matter of homes for the aged is one which comes under the supervision of the County Welfare Department. As Area Medical Officer, I keep in very close touch with the Area Welfare Officer, bringing deserving, very often desperate cases to his notice. Unfortunately, as we know only too well, the number of places available in homes or institutions is only a fraction of that required to meet the needs of a county such as Middlesex. We are, therefore, left with many old persons who should be looked after in a home or even in institution but who remain in their own houses, with the minimum of attention. The lot of these unfortunate old people is indeed tragic. More often than not, they are dependant for their meals upon the W.V.S. and on the kindly help of neighbours. They receive few visitors; their relatives have often either forgotten them or are dead. Some manage to struggle along to an Old People's Club; others are not able to get to a Club, even with the help provided by the Old People's Welfare Committee, the Clubs themselves, the W.V.S., and other organisations. Need it be said that the physical condition of these old people

is very often such that neither their homes nor their persons could be described as hygienic. This, of course, is very often no fault of the old person, but merely an indication of the quite intolerable social conditions which dominate and direct their lives.

The Public Health Department plays its part, in conjunction with the Area Health Office, in trying to arrange for the admission of the most deserving old folk to a home or institution when this is the only course available. The co-operation between the two departments is close, and has certainly resulted in easing the burden of quite a number of old people. We are only too conscious of our limitations, but we can, and do, take up the cudgel on behalf of every old person whose needs are brought to our notice. The problem is increasing, rapidly increasing. This is a fact which must be faced, and faced with the utmost determination.

#### Care of the Aged.

I would like to pay a most sincere tribute to the work carried out in Friern Barnet by the recently constituted Old People's Welfare Committee of which I have the honour to be a member. Although this Committee has not yet been in existence for many months, I have had ample opportunity of observing the quality of its work. There is not the slightest doubt that this Committee has already made its mark in the district. It has been becoming increasingly clear that the problems of old age are many and varied. It is equally clear that many of these difficulties do not come easily to light, because of the known pride of old people, who have no wish to cry their troubles abroad from the housetops. It is here that the Old People's Welfare Committee is doing such excellent work. Cases are being investigated; a comprehensive list of old people is being drawn up; steps are being taken to ensure that effort is being directed into the proper channels. In short, active steps are afoot to establish a system which will mean that those old folk most in need of help, receive that help. It will be some time yet before it can be certain that duplication is substantially reduced or, one hopes abolished; but when that time arrives there is equal hope

that no old person requiring help of any kind will be unable to obtain adequate assistance. I need not say that this is a gigantic task.

The Friern Barnet Urban District Council has always been generous in providing funds for this essential work. Quite apart from funds, it is abundantly clear that the Council looks upon this work as significant and worthy of all possible support. I am personally satisfied that, although much remains to be done, the work being carried out in Friern Barnet might in many ways be regarded as a true example of what can be achieved in this fertile field.

I have been deeply impressed by the vast amount of work relative to the welfare of the aged being carried out by the Urban District Council, by voluntary organisations and by individuals in Friern Barnet. As I have already stated the Old People's Welfare Committee co-ordinates this work in a truly admirable manner.

#### National Assistance Act 1948.

##### Section 47. Removal to suitable premises of persons in need of care and attention.

No formal action was taken under this section during the year.

It is never pleasant, and very often most unprofitable, to take action under Section 47 of the National Assistance Act, 1948. Persons, almost invariably very aged persons, removed to an institution against their will seldom seem to derive practical benefit from such removal. Indeed, the removal very often seems to be followed by early death. For this reason, every effort is made to persuade individuals who are either a danger to themselves or to other people, and who should be cared for in a home or institution, to agree to voluntary removal. Up to the present, we have been able to obtain this consent in every case. This is seldom an easy task, taking up a great deal of time and requiring infinite patience. But one must remember

that these people, however elderly and infirm, are not units, but human beings with feelings and opinions. I am certainly satisfied that however much time we spend on this matter, that time will be amply repaid.

Section 50. Burial or cremation of the dead.

No action was necessary under this section during 1956.

Laboratory Facilities.

Once again, we did not have to call upon the Laboratory to any extent during 1956, owing to the absence of major outbreaks of infectious disease or any other untoward happenings.

Summary of work carried out at Public Health Laboratories for the year 1956.

|                            |     |
|----------------------------|-----|
| Throat and nose swabs..... | 12  |
| Faeces.....                | 110 |
| Blood.....                 | 1   |
| Ice Cream.....             | 45  |
| Milk.....                  | 56  |
| Others.....                | 1   |

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES.

From the table of infectious diseases set out in Table 1, it will be noted that 193 cases of infectious disease were notified during the year as against 560 in the previous year. This is the lowest total recorded since 1939. Although this figure is very satisfactory, it must be remembered that 1956 was a year in which measles was non-epidemic. This is the main reason why the total number of infectious diseases notified during the year fell so considerably. Apart from the fall in measles notifications (80 as against 462), there is very little to which detailed attention need be drawn. Scarlet Fever notifications rose from 12 in 1955 to 22 in 1956; pertussis notifications fell



from 47 to 18, a surprising figure when the comparable figures relating to measles are remembered. Tuberculosis notifications remained almost stationary (15 cases in 1955; 17 cases in 1956). Only one case of poliomyelitis was notified during the year, as against two cases in 1955. Food poisoning (including Sonne dysentery) notifications rose from four in 1955 to 45 in 1956. It should be noted, however, that 21 of the 38 cases of dysentery recorded occurred in Friern Hospital. All these matters will be considered in greater detail in subsequent paragraphs of this section of the Report.

I have drawn attention in a number of previous Annual Reports to the fact that the severity of infectious diseases as a whole has appreciably decreased. This is very clearly manifested by the small percentage of cases which now have to be admitted to hospital. When one remembers that many of these cases are only sent to hospital because of home conditions or because both the mother and father go out to work, it will be more than ever apparent that the picture has completely altered. Indeed, it is now considered by many authorities that the need for ad hoc isolation hospitals has almost passed. Many existing isolation hospitals are now used for multiple purposes, of which the treatment of infectious diseases is only one. We must, of course, remember that the virulence of infectious diseases has been known to change in the past, so that we can never be sure that the conditions which many of us still remember only too vividly will not return. It is mainly for this reason that sufficient beds can still be made available for the treatment of infectious diseases in hospitals should circumstances change.

Our policy with regard to the exclusion of contacts of infectious diseases from school has recently been revised. It is virtually certain, for instance, that a child suffering from an infectious disease does not remain infective for anything like the length of time which was previously believed. We have, therefore, been able to reduce the exclusion period in the case of contacts of many infectious diseases, especially the milder type of infectious disease such as scarlet fever and measles. Needless to say,

of course, the period of exclusion in the case of contacts of such diseases as poliomyelitis, where the duration of infectivity is still not clearly known, and where the disease itself can be very serious, remains more or less as before. Broadly speaking, the Medical Officer of Health is given a wide latitude in the matter of school exclusion. I have referred to this matter on several occasions in submitting detailed reports to the Public Health Committee, and will continue to keep the Committee informed of any changes in policy. Our present system aims at obviating unnecessary loss of school attendance while adopting such safeguards as are obviously necessary. It is certainly a fact that our present policy has not resulted, so far as we know, in any increase in infectious diseases or in the spread of outbreaks or epidemics in schools.

#### Diphtheria.

No cases of diphtheria were notified in the district during 1956. The last death took place approximately nine years ago.

These figures justify the fact that diphtheria can no longer be considered a serious menace. Or perhaps it would be more true to say that, for the time being, diphtheria has lost its terrors. The fact that several cases of diphtheria have been notified in various parts of the country within the past year, and that some of these cases were extremely serious, points to the fact, however, that the possibility of diphtheria returning as a major infectious disease can still not be dismissed. Every now and again we receive a laboratory report which indicates that the causative organism may be the diphtheria bacillus. We also hear of cases admitted to an isolation hospital which clinically resemble diphtheria. Up to the present none of these cases has been substantiated. But existing evidence demonstrates that should the rate of immunisation among children fall to any appreciable extent, we might at any time be faced with quite a serious problem.

Although immunisation is carried out in Friern Barnet by the Middlesex County Council, this might be an opportune moment to refer in greater detail to our immunisation programme. During 1956, our policy was altered only in minor respects. Thus, we decided to use the latest available type of diphtheria antigen (formal toxoid), this antigen having proved both efficient and safe. We also carried out most of our immunisation by the combined method, i.e. pertussis(whooping cough) and diphtheria, thus limiting the number of visits which mothers were required to pay to clinics for the immunisation of their infants. We also found that general practitioners were themselves immunising children in increasing numbers, either against diphtheria alone, against diphtheria and pertussis, or by the triple method, i.e. against diphtheria, pertussis and tetanus. Incidentally, the County Council scheme of immunisation does not permit of the triple method being used. This was the position at the end of 1956, although even by that time we were beginning to become aware of certain difficulties.

What has transpired since belongs rightly to a future report. It may, however, be stated briefly that an investigation carried out by the Medical Research Council has shown conclusively that immunisation by the combined method leaves the children so immunised at greater risk of contracting poliomyelitis than would otherwise be the case. The risk is admittedly not very great, but the fact remains that immunisation by any combined method which contains the pertussis antigen produces this risk. By the time this report is written, we will have changed to the single type of inoculation, i.e. against diphtheria alone and against pertussis alone. General practitioners in Friern Barnet have been informed of the County Council's action, although, of course, the ultimate decision will remain with the practitioner so far as their own patients are concerned. This will obviously mean more numerous visits to our clinics or to the family doctor's surgery, where the practitioner has adopted the amended procedure. All this entails added inconvenience so far as mothers are concerned. We will await the results of our altered programme with interest, if not with some apprehension. Fortunately, it is hoped that the Ministry of Health will shortly issue a statement which will clarify the situation and may eventually

allow us to return to our previous policy.

|  |     |
|--|-----|
| Children immunised against diphtheria or diphtheria and whooping cough combined..... | 332 |
| (a) At County Council Clinics.....   | 163 |
| (b) By family doctors.....   | 169 |
| Children given re-inforcing injection..  | 169 |

### Scarlet Fever.

Twenty-two cases of scarlet fever were notified during 1956 as against 12 in 1955. The notifications for the previous three years were 12, 40 and 31 respectively. The whole character of this disease has altered materially, so much so that what was once a very serious illness has now seldom more than nuisance value. For this reason it may well be that very mild cases - and there must be many such - pass unnoticed. So long as scarlet fever maintains its present, very mild character, this need cause no concern. As I have said several times before, however, we must still assess the situation from time to time, in order to make quite sure that the previous virulence which formerly characterised scarlet fever is not returning.

### Acute Anterior Poliomyelitis.

One paralytic case of poliomyelitis was notified in Friern Barnet during 1956. Two cases were notified in 1955.

It will be remembered that inoculation against poliomyelitis was offered to certain age groups in 1956, (children born between the years 1947 and 1954), this work being carried out by the Area Health Office Staff. Ninety-one Friern Barnet children were inoculated during May and June 1956, the inoculations proceeding without incident. A further 13 children were inoculated

towards the end of the same year. This work will continue in 1957, when it is anticipated that considerably greater supplies of vaccine will be available. Reactions reported following inoculations - and these were very carefully scrutinised - were infinitesimal. No child inoculated developed poliomyelitis, nor did any other members of a family in which a child has been protected by inoculation.

Although it is known that inoculation does provide what can at least be described as a reasonable measure of protection, it need scarcely be said that the general measures designed to safeguard the population, both infants, children and adults alike, must not be in any way relaxed. I have taken the opportunity of providing our schools with notes on simple safeguards which could be put into force. In my dual capacity as Medical Officer of Health for Friern Barnet and District School Medical Officer, I have taken active steps to impress upon everyone concerned the vital need for the washing of children's hands after using the toilet. In this I have received the utmost co-operation from Dr. Brettle, Clerk to the Friern Barnet District Education Sub-Committee, co-operation which I gladly acknowledge. The schools have also been most helpful.

### Measles.

Eighty cases of measles were notified during the year, as against 462 in 1955. As with scarlet fever, severity was extremely mild, admission to hospital being only required in two cases.

### Pertussis(Whooping Cough).

Eighteen cases of pertussis were notified during the year, as against 47 in 1955.

The fall in the incidence of this disease will be shown when the figures relating to the past five years are considered. These were 18,47,86,32 and 65 respectively.

Although we are very satisfied with the fact that many Friern Barnet children are inoculated against pertusis, either alone or in conjunction with diphtheria, it must be remembered that inoculation against pertussis does not claim and never has claimed to provide full protection against this disease. Our only claim has been that many children inoculated against pertussis still remain fully protected for several years, at least until pertussis ceases to be a killing or even a dangerous disease; and that the remaining children inoculated, if they develop the disease, will only do so in a mild form. When the percentage of children inoculated against pertussis in Friern Barnet is as high as those protected against diphtheria, the results of inoculation will become fully apparent. Until that time arrives, there is evidence that our present policy is correct. We are endeavouring to persuade mothers to have their children inoculated against pertussis at or about the second month of life. As pertussis remains one of the major killing diseases of infancy during the first six months of a child's existence, early inoculation will, we believe, tide the child over that dangerous period. Thereafter, as I have already pointed out, the danger progressively diminishes.

#### Food Poisoning (including Sonne Dysentery).

Thirty-eight cases of dysentery and seven cases of food poisoning were reported during the year, as against one case of dysentery and three cases of food poisoning during the previous year.

I must again state, of course, that these figures are only useful for purposes of comparison. We know perfectly well that many cases of food poisoning and dysentery are never brought to our notice, or even to the notice of the family doctor. The scheme set out in my Annual Report for 1954, relating to the exclusion from school of cases of diarrhoea, with or without sickness, continues to work satisfactorily. It would be too soon yet to state categorically that this scheme has reduced the incidence of dysentery among school children, but we certainly do know that it has eased

the work of our already overburdened Public Health Inspectors, without appearing in any way to have resulted in an increased number of cases in our schools.

It is also interesting to note that the hygienic precautions to which I referred when dealing with the spread of poliomyelitis in schools, apply equally to the spread of dysentery and that newer bug-bear, winter vomiting. All our schools are immediately visited as soon as we receive information that several cases of dysentery or winter vomiting have occurred. In this connection, I would take this opportunity of thanking our head teachers for their prompt, invaluable co-operation. We are in this way enabled to take immediate action. In the spread of infectious diseases immediate action may save endless trouble at a later date. In the control of infectious disease this fact is especially obvious in the case of intestinal infections.

#### Puerperal Pyrexia.

No case of puerperal pyrexia was notified during the year.

It is not so long ago since each case of puerperal pyrexia was regarded as a potentially serious event. Indeed, the death rate from puerperal causes was tragically high within my own recollection. Nowadays, puerperal pyrexia seldom has a septic background, being ascribed merely to some intercurrent cause such as influenza, head cold or even constipation. This is an indication of the revolutionary change which has taken place within the last decade in the care of mothers during and after pregnancy. Several factors have contributed to this happy state, great advances in midwifery, closer supervision and liaison between general practitioner, hospital and clinic, and the introduction of antibiotics. Puerperal sepsis, as against any rise in temperature during the puerperium, the official designation of "puerperal pyrexia" is seldom encountered. This explains why the death of a mother during or after childbirth is now regarded almost as a rarity.

## Smallpox.

Once again, no case of smallpox was notified during the year.

It is again my pleasure to report that the number of mothers bringing their infants for vaccination to child welfare clinics in Friern Barnet, and the number of mothers requesting the same service from their family doctors, is still increasing. The latest figures show that the number of children under the age of two years who have been protected against smallpox, either at clinics or by the family doctor, is now upwards of 60%. When compared with the tiny percentage which one remembers not so many years ago, these figures can be allowed to speak for themselves.

## Tuberculosis.

Seventeen cases of tuberculosis (all pulmonary) were notified during the year, compared with 15 cases during 1955.

In addition, ten persons who had previously been notified as suffering from tuberculosis whilst living in other areas came to live in the district during the year. The total number of cases added to the register was therefore 27, six fewer than in the previous year.

The distribution of the new cases throughout the various Wards was as follows:

| <u>North.</u> | <u>South.</u> | <u>Central.</u> | <u>East.</u> | <u>West.</u> | <u>Friern Hospital.</u> |
|---------------|---------------|-----------------|--------------|--------------|-------------------------|
| 6             | -             | 3               | -            | -            | 8                       |

A general classification of the new cases notified during the past three years (excluding those notified from Friern Hospital) in relation to their employment was:



|                      | 1954. | 1955. | 1956. |
|----------------------|-------|-------|-------|
| Clerical             | 4     | 2     | 2     |
| Housewives           | 2     | 3     | 2     |
| Children             | -     | -     | 1     |
| Professional Classes | -     | -     | 1     |
| Factory Workers      | 1     | 1     | -     |
| Manual Workers       | 4     | 3     | 2     |
| Hairdressing         | 1     | -     | -     |
| Food Trades          | -     | -     | -     |
| Nurses               | -     | -     | 1     |
| Unclassified         | 6     | 2     | -     |

It will be appreciated that the numbers of tuberculosis cases occurring in Friern Barnet are fortunately not sufficiently large to allow of any significant conclusions in regard to classification being drawn. We will continue, however, to maintain these tables, so that any obvious trend can be studied.

It will already be known that the Middlesex County Council has instituted a scheme for B.C.G. vaccination of children in the 13-year age group. Two schemes were prepared in the early part of 1956, and were put into effect for the first time in the autumn of the same year. The first scheme was carried out as part of a Medical Research Council investigation, designed to assess the relative values of freeze-dried and liquid vaccine. The purpose and details of this investigation were fully explained to the Education Sub-Committee, so that the objects of the scheme would be fully appreciated. It must not be thought that some children were given an inferior or an unsatisfactory product. The Medical Research Council merely wished to ascertain whether there would be any advantage in freeze-dried vaccine over liquid vaccine, and whether the freeze-dried product now being manufactured in this country could be used extensively. We were only too happy to co-operate with the Medical Research Council in this investigation, which has proceeded without incident in secondary modern schools.

Somewhat later in date, but still during 1956, we began what might be described as our normal B.C.G.

programme in secondary grammar schools. Here again, vaccination has proceeded smoothly.

Mass Radiography Unit 5B visited Friern Barnet during the year, when, for the first time, the Unit set up its headquarters in the Whetstone area, in addition to a site in front of the Town Hall. This gave the general public a greater opportunity to visit the Unit. This is shown by the fact that no less than 2,519 persons attended during the sessions held. As usual, the Public Health Department co-operated closely with the Mass Radiography Unit in the matter of publicity, and I have reason to believe that the Medical Director of the Unit, Dr. Mikhail, was very well satisfied with the help afforded. The figures supplied by Dr. Mikhail relating to the number of cases discovered during the visit of the Unit to Friern Barnet, are as follows:

| <u>Male.</u> | <u>Female.</u> | <u>Total.</u> |                          |
|--------------|----------------|---------------|--------------------------|
| 3            | -              | 3             | (Actual cases)           |
| 2            | 2              | 4             | (Occasional supervision) |

These figures would certainly seem to show that mass radiography, a relatively expensive service, is fully justified. In addition, of course, the periodic check-up afforded by a visit to a Mass Radiography Unit and the satisfaction of learning that all is well, must not be forgotten. Altogether there must be many services which give a lesser yield.

## SANITARY SERVICES.

### Summary of Inspections.

|   |      |
|---|------|
| Visits to premises on complaint.....  | 485  |
| Visits in connection with infectious disease.....                               | 187  |
| Visits to shops and other places where<br>food is prepared, stored or sold..... | 602  |
| Visits to other shops .....   | 225  |
| Visits to factories.....  | 103  |
| Visits to petrol installations.....   | 91   |
| Visits in connection with housing and the<br>repair of dwelling-houses.....     | 1505 |
| Appointments and special visits.....  | 417  |
| Visits re infestations and disinfestations.....                                 | 33   |
| Visits in connection with rodent control.....                                   | 1656 |

### Notices served.

|                        |     |
|------------------------|-----|
| Informal Notices ..... | 209 |
| Statutory Notices..... | 26  |

## HOUSING.

Inspection and repair of dwellings. The investigation of housing conditions and subsequent action to bring about improvements accounted for a substantial amount of the Department's time and efforts. Inspections of dwellings are made either as part of a routine and continuous survey of the housing circumstances of the district, following complaints by occupiers, or as a result of statements made by applicants for housing accommodation. The volume of work in this field has not diminished, whilst considerations, chiefly the relationship between cost and rental income make it necessary to give more time and effort to individual properties in order to obtain necessary repairs, which are often delayed longer than we would wish.

The practice usually followed in dealing with unsatisfactory housing conditions as they are found is to indicate by way of Informal Notice the repairs needed, and, if it can be arranged, to meet the

owner or agent at the premises to discuss the matter and endeavour to agree the extent and method of the repairs. In most instances the repairs are carried out as a result of this informal action and it is necessary only in a comparatively few cases to bring the circumstances to the attention of the Council and to serve Statutory Notices.

Some 1,505 visits were made during the course of the year in connection with housing matters and as a result repairs were effected at 181 dwellings.

In 1955, following a survey of the district, the Council approved a programme for the clearance of the houses considered to be unfit for habitation, estimated to number 76. It was anticipated that this task could be completed within a period of five years. A substantial commencement on the programme was made during 1956 when three groups of dwellings totalling 25 houses, were declared to be Clearance Areas. The properties involved were:

- 1 - 10 Lily Villas N.11. (10 houses)
- 1 - 21 Ada Cottages, N.11. (11 houses)
- 16 - 22 East Road, N.11. (4 houses)

Both Lily Villas and Ada Cottages were subsequently purchased by the Council in agreement with the owners and the houses are rapidly being emptied and the occupiers rehoused as a preliminary to demolition. A Compulsory Purchase Order was made in respect of 16-22 East Road and has now been confirmed by the Minister of Housing and Local Government after a Hearing into an objection to the making of the Order by the owner of one of the properties.

The ground floor of another property, occupied as a separate dwelling, was closed to habitation under the provisions of Section 12 of the Housing Act 1936 on account of its condition and the occupants were rehoused by the Council.

Summary of improvements and of defects remedied as a result of action by the Department.

|                                      |  |    |
|--------------------------------------|--|----|
| <u>Water Supply.</u>                 | Store cisterns provided, repaired or covers provided.....  | 7  |
|                                      | Fittings or services repaired.....                         | 28 |
| <u>Drainage.</u>                     | Drains cleared or repaired.....                            | 56 |
|                                      | Inspection chambers reconstructed or repaired.....         | 9  |
|                                      | Soil and vent pipes provided.....                          | 5  |
|                                      | New sinks provided.....                                    | 3  |
|                                      | Sink waste-pipes provided or repaired.....                 | 16 |
| <u>Sanitary accommo-<br/>dation.</u> | W.C.basins and traps provided or repaired..                | 14 |
|                                      | W.C.seats, doors, windows, floors repaired or renewed..... | 12 |
|                                      | Walls and ceilings repaired and redecorated.               | 11 |
|                                      | Flushing cisterns provided, repaired or regulated. ....    | 10 |
| <u>Floors.</u>                       | Floors repaired or renewed.....                            | 21 |
| <u>Roofs.</u>                        | Roofs repaired.....  | 81 |
|                                      | Gutters and downspouting renewed or repaired.....          | 46 |
| <u>Cleansing.</u>                    | Walls repaired,cleansed and redecorated....                | 72 |
|                                      | Ceilings renewed or repaired.....                          | 56 |
| <u>Windows.</u>                      | Sashes and frames renewed or repaired.....                 | 21 |
|                                      | Sills renewed or repaired.....                             | 17 |
|                                      | Sashcords provided(number of houses).....                  | 8  |
| <u>Brickwork.</u>                    | Brickwork rebuilt.....                                     | 8  |
|                                      | Chimney stacks rebuilt or repaired.....                    | 4  |
|                                      | Walls re-pointed or rendered.....                          | 42 |
| <u>Woodwork.</u>                     | Doors renewed, repaired or re-hung.....                    | 6  |
|                                      | Staircases repaired.....                                   | 3  |
| <u>Yards.</u>                        | Yard pavings renewed or repaired.....                      | 6  |
| <u>Heating.</u>                      | Ranges or grates renewed or repaired.....                  | 17 |
|                                      | Wash-boilers renewed or repaired.....                      | 3  |
| <u>Refuse.</u>                       | Dustbins provided.....                                     | 7  |
|                                      | Accumulations of refuse removed.....                       | 3  |
| <u>General.</u>                      | Other defects(unclassified) remedied.....                  | 53 |

## FOOD.

### Food premises.

There are 149 food premises which, classified according to the principal business carried on, are engaged in the following trades:

| Type.                 | Number. | Registered under Section 16 Food and Drugs Act 1955. |  |
|-----------------------|---------|--|--|
|                       |         | For sale of ice-cream.                               | Manufacture of sausages or preserved food. |
| Bakers                | 9       | 1  | -  |
| Butchers              | 13      | -  | 9  |
| Cafes and restuarants | 17      | 8  | -  |
| Confectioners         | 29      | 28   | -  |
| Fishmongers           | 7       | -  | -  |
| Greengrocers          | 23      | 2  | -  |
| Grocers               | 47      | 22   | 11   |
| Milkshops             | 4       | 4  | -  |

### Food Hygiene.

In the course of the year 602 visits were made to these various food premises. The general improvement in the hygienic standards of premises and equipment noted in the last few years was again apparent.

With the advent of the Food Hygiene Regulations 1955, which came into force partly in January and in their entirety in July, a higher standard of hygiene is now required by law. The Regulations impose new and more stringent provisions, particularly with regard to personal hygiene, the protection of food from contamination, and the supply of suitable washing facilities for staff and equipment. A memorandum was sent to the occupiers of all food premises calling attention to the general provisions of the Regulations, and this was followed later by personal visits by the Public Health Inspectors to offer advice and guidance upon the new requirements.

Additional publicity to the new Food Hygiene Regulations was given by way of a Clean Food Exhibition which was held at the Town Hall during the month of May. The exhibition was open for eleven days and during that period there were over 1200 visitors. Exhibits covering many aspects of food hygiene were on show - from refrigerators to plastic food covers and from electric hand-dryers to waterproof dressings. An interesting and instructive display was provided in conjunction with the Public Health Laboratory Service, depicting the story of a case of food poisoning and the methods and equipment used in the investigation and final discovery of the source of infection. Another excellent stand supplied by the Canned Foods Advisory Bureau illustrated the methods of manufacturing the modern food can. A wide variety of cans were on display. The latest methods of wrapping fruit and vegetables in plastic bags were also demonstrated.

During the period of the Exhibition a number of films were shown illustrating various aspects of food hygiene. There was little response to offers to arrange film shows for organised groups however, whilst attendances generally were fewer than had been hoped.

Use was made of the Town Hall kiosk to advertise the Exhibition and a display was prepared on the subject of cleanliness in food handling. This theme had been used in a number of kiosk displays throughout the year, in order that this important subject of food hygiene should be constantly before the public eye. In this way it is hoped that the public will become more aware of the need for cleanliness in relation to food and that they in turn will co-operate with the Public Health Department in its constant endeavour to improve the food hygiene standards of the district.

#### Food Inspection.

There are no licensed slaughterhouses in Friern Barnet, and consequently there is no post-mortem examination of food animals except following the occasional emergency slaughter of a sick or injured pig at one or other of the piggeries in the district. No animals

were slaughtered during 1956. On the other hand close attention was given to the food exposed for sale in the various shops and at other food premises whilst we were frequently consulted by traders when there was doubt as to the fitness or otherwise of some particular food for human consumption.

Of the foodstuffs examined at the different shops and stores the following was condemned as unfit for human consumption and was disposed of either by burning or burying at the Sewage Works.

|                   |           |
|-------------------|-----------|
| Beef.....         | 228 lbs.  |
| Lamb.....         | 44 lbs.   |
| Liver.....        | 51 lbs.   |
| Pork.....         | 116 lbs.  |
| Turkey.....       | 11 lbs.   |
| Fruit.....        | 131 lbs.  |
| Macaroni.....     | 20 lbs.   |
| Tinned Meat.....  | 21 tins.  |
| " Vegetables..... | 106 tins. |
| " Milk.....       | 1 tin.    |
| " Fish.....       | 5 tins.   |
| " Fruit.....      | 142 tins. |
| " Jam.....        | 1 tin.    |

#### Food Hawkers.

The registration of hawkers of food and of their storage premises is made compulsory by the Middlesex County Council Act 1950. Registration may be refused or revoked by the Council if the public health is endangered by any default on the trader's part in relation to the quality, storage or distribution of the food or if the storage premises are unsatisfactory. Furthermore this class of food hawker is subject to special requirements contained in the Food Hygiene Regulations for the safeguarding of food sold from vehicles and stalls.

One application for registration as a hawker of fish was approved and at the end of the year there were 17 persons and 5 premises registered as follows:



|                      | <u>Persons.</u> | <u>Premises.</u> |
|----------------------|-----------------|------------------|
| Fruit and Vegetables | 11              | 5                |
| Fish                 | 3               | -                |
| Groceries            | 1               | -                |
| Ice cream            | 2               | -                |

The vehicles and storage premises used by these traders were regularly inspected.

### Ice Cream.

There are sixty-three premises in the district registered for the sale of ice-cream, and this number includes three premises approved for the purpose for the first time during the year. None of the occupiers make ice cream and most sell it in the pre-wrapped or packed state as supplied by the manufacturers so that handling and thereby risk of contamination is at a minimum.

All the 45 samples which were examined were of a satisfactory standard.

### Milk.

The milk supplied in Friern Barnet is either pasteurised, sterilised, or tuberculin-tested, since the district is in a 'specified area' in which all milk sold is required to be of one or other of these grades.

There are twenty-two companies or persons registered as distributors of milk in the district, and one registered dairy at which milk is pasteurised and bottled.

The following licences were issued:

|                                | <u>Dealers'</u><br><u>Licences.</u> | <u>Supplementary</u><br><u>Licences.</u> |
|--------------------------------|-------------------------------------|--|
| To sell pasteurised milk       | 3                                   | 9  |
| To sell sterilised milk        | 18                                  | 10                                       |
| To sell tuberculin-tested milk | 4                                   | 10                                       |

Fifty-six samples of milk were examined to check either bacterial cleanliness or the efficiency of the heat-treatment process. Five of these samples, from one supplier and being milk processed on the same day, failed to satisfy the test as to adequate heat-treatment. This test depends on the detection and measurement of the enzyme phosphatase, which is always present in raw milk but destroyed at the temperature necessary for effective pasteurisation. Despite a thorough investigation no explanation was found to account for the failure and all subsequent samples from this supplier were satisfactory.

Five complaints were received concerning the milk supply. One concerned the quality of the milk alleging fat deficiency and was referred to the Middlesex County Council as the Food and Drugs Authority. Check samples were taken and were found to be of a proper quality. Another complaint was that a bottle of sterilised milk had a metallic flavour. This was found to be due to the presence of certain organisms which had probably gained access to the milk through a defective cap. The three other complaints were of milk supplied in dirty bottles. It was apparent in each case that the bottles had been misused when in circulation and had thereafter evaded the system of inspection at the bottle-washing depots where such bottles are usually subjected to special treatment or taken out of use and destroyed. An appeal to the public not to use milk bottles for other purposes and to rinse them before returning them to the roundsman was made by way of a display in the Town Hall kiosk.

#### WATER SUPPLY.

The water supply of the district is provided by the Barnet District Water Company with the exception of a few houses in the South Ward which are supplied from the mains of the Metropolitan Water Board. The supply was satisfactory both in quality and quantity, and no complaints were received.

All the houses in the district have a piped supply.

## PESTS AND VERMIN.

The Council is under a duty by the Prevention of Damage by Pests Act 1949 to take steps to ensure that premises and land in the district are kept free from rats and mice, and for this purpose may require occupiers to carry out treatments and such other works as might be needed. Occupiers of premises also have a responsibility to report the presence of rats in considerable numbers.

As part of the survey of the district carried out for these purposes 491 premises were examined. One hundred and sixty nine of these premises were found to be infested by rats to a varying degree. The infestations were all dealt with by the rodent operative. Treatments at dwelling houses were carried out free of cost but a charge based on the cost of labour and material was made in respect of works at business premises. The conditions supporting an infestation were invariably sought and when necessary advice was given as to the measures needed to prevent a re-infestation. Defective drainage was frequently found to be associated with the presence of rats as was also the keeping of fowls.

Two treatments of the sewers serving the district were undertaken during the year. These treatments involved the laying of pre-baits followed by poison baits in the manholes. The number of manholes shewing use by rats on these occasions was twenty-seven and thirty-one respectively, a slightly higher incidence than in recent years but certainly very considerably lower than when sewer treatments were commenced in 1947.

It is estimated that as a result of these efforts of the rodent operative, accounting for 1,554 visits, some 1,500 rats were destroyed.

Another thirty premises were treated for infestations by mice.

No legal proceedings were necessary in connection with this rodent control activity.

The reduction in the number of verminous premises in the district so apparent in recent years was again noticeable, only two infestations, of bed bugs, being recorded, both of which were successfully treated. On the other hand, requests for advice and help concerning pests of less objectionable and significant types, such as ants, moths and furniture beetles were numerous. In addition twenty-seven wasp nests were destroyed.

### FACTORIES AND SHOPS.

#### Factories.

There are 88 factories of various kinds and sizes in Friern Barnet, mainly of the small and light industrial type. The larger premises include a dry-cleaning works, a scientific instrument works, an Electricity Board depot, a bag-making factory, and a London Transport garage and depot.

The Council administers certain of the provisions of the Factories Act 1937, chiefly relating to health. These provisions deal with cleanliness, overcrowding, temperature, ventilation, drainage of floors and sanitary conveniences. At factories where no mechanical power is used the Council applies all these provisions, but where mechanical power is used the Council's function is limited to securing adequate sanitary conveniences, the remainder being enforced by H.M. Inspectors of Factories who also deal with the numerous other provisions of the Act relating to safety and welfare.

The Council also has the duty to ensure that certain classes of factory are provided with satisfactory means of escape in case of fire for the use of their employees, and of issuing certificates to that effect. Two such certificates were granted during the year.

Occupiers of factories are required to notify the Council, twice yearly, of the outworkers employed by them in certain classes of work. This information enables control to be exercised over work carried out in unsatisfactory premises or in conditions likely to lead to the spread of infection. Notifications were received of 53 outworkers engaged in the following occupations.

|                              |    |
|------------------------------|----|
| Making wearing apparel.....  | 32 |
| Making artificial flowers... | 3  |
| Box making.....              | 14 |
| Brush making.....            | 1  |
| Carding buttons.....         | 1  |
| Stuffing toys.....           | 1  |
| Making lampshades.....       | 1  |

It was not necessary to restrict work in any instance.

Inspection of Factories.

| Premises.  | No. on Reg. | Number of    |                  |                       |
|--|-------------|--------------|------------------|-----------------------|
|  |             | Inspections. | Written Notices. | Occupiers Prosecuted. |
| (1) Factories without mechanical power.                | 21          | 27           | 1                | -                     |
| (2) Factories with mechanical power.                   | 67          | 76           | 4                | -                     |
| (3) Other premises i.e. building or engineering works. | -           | -            | -                | -                     |
| Total  | 88          | 103          | 5                | -                     |

Cases in which defects were found.

| Particulars.                                   | No. of cases in which defects were found |           |               |
|--|--|-----------|---------------|
|  | Found.                                   | Remedied. | Prosecutions. |
| Want of cleanliness.                           | 2  | 2         | -             |
| Sanitary conveniences unsuitable or defective. | 3  | 3         | -             |
| Other offences against the Act.                | 2  | 2         | -             |
| Total.   | 7  | 7         | -             |

Shops.

There are 317 shops in the district, a number of them being family businesses in which no assistants are employed. The whole of the Shops Act 1950 is administered by the Council including such matters as closing hours, early closing day, Sunday trading, and the comfort and welfare of shop assistants.

Two hundred and twenty-five visits were made to shops in connection with these various matters.

HEATING APPLIANCES (FIREGUARDS) ACT 1952.

The object of this Act is to prevent risk of injury by burning. Gas fires, electric fires and oil heaters, sold for use in residential premises, are required to be fitted with adequate guards, the standards for which are laid down in regulations made under the Act.

Visits were made to the various shop premises to see that no unsatisfactory appliances were being offered for sale. No contraventions were observed.

The requirements as to guards do not apply to fires installed prior to the Act and the attention of the public was drawn to the risks of injury from inadequately protected fires in a display shown in the Town Hall kiosk as part of our publicity on Safety in the Home.

#### PET ANIMALS ACT, 1951.

By this Act it is unlawful to keep a pet shop unless licensed to do so by the local authority. The Council may impose conditions to a licence, to prevent cruelty and to avoid the risk of spread of infection. The Act also makes it illegal to sell an animal as a pet to a child under the age of 12 years. The Council has adopted conditions for the granting of licences which closely conform to those recommended by the Royal Society for the Prevention of Cruelty to Animals.

One person was granted a licence but before the year was ended the shop had been closed.

#### RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

This Act deals with the conditions under which rag flock and other filling materials are used in the making of mattresses, chairs and similar articles, and particularly with the cleanliness of the materials used.

There is only one trader whose premises come within the scope of the Act. The premises have been registered and were visited during the year to ensure that the requirements of the Act were being observed.

PETROLEUM REGULATION ACTS 1928 and 1936.

These Acts deal with the conditions under which petroleum spirit and petroleum mixtures are stored, and, with the exception of small quantities kept in compliance with special regulations, prohibit the storage of petroleum except under licence granted by the Council.

During the year twenty-five licences were issued in respect of 29,470 gallons, of which 29,300 gallons were stored in underground tanks and 170 gallons in other containers.

Ninety-one visits were made to the different stores to ensure that the conditions of the licences were complied with.



TABLE 1.

ANALYSIS OF CASES OF NOTIFIABLE INFECTIOUS DISEASES

| DISEASE.                   | NUMBER OF CASES NOTIFIED. |       |     |      |       |       |       |      |
|----------------------------|---------------------------|-------|-----|------|-------|-------|-------|------|
|                            | All.                      | Un.l. | 1-5 | 5-15 | 15-25 | 25-45 | 45-65 | 65&0 |
| Measles.                   | 80                        | 2     | 31  | 47   | -     | -     | -     | -    |
| Whooping-<br>Cough.        | 18                        | -     | 8   | 9    | -     | 1     | -     | -    |
| Scarlet-<br>Fever.         | 22                        | -     | 7   | 15   | -     | -     | -     | -    |
| Pneumonia.                 | 5                         | -     | -   | -    | -     | -     | 2     | 3    |
| Dysentery.                 | 38                        | -     | 4   | 6    | -     | 4     | 5     | 19   |
| Poliomyelitis.             | 1                         | -     | -   | 1    | -     | -     | -     | -    |
| Erysipelas                 | 5                         | -     | -   | -    | -     | 3     | 1     | 1    |
| Pulm. Tuber-<br>culosis.   | 17                        | -     | -   | -    | 4     | 9     | 3     | 1    |
| Other Tuber-<br>culosis.   | -                         | -     | -   | -    | -     | -     | -     | -    |
| Food Poison-<br>ing.       | 7                         | -     | -   | 3    | -     | 2     | 1     | 1    |
| Ophthalmia-<br>Neonatorum. | -                         | -     | -   | -    | -     | -     | -     | -    |
| Puerperal-<br>Pyrexia.     | -                         | -     | -   | -    | -     | -     | -     | -    |
| TOTAL.                     | 193                       | 2     | 50  | 81   | 4     | 19    | 12    | 25   |

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NOTIFIED DURING THE YEAR ENDING 31st. DECEMBER 1956.

| CASES IN EACH WARD. |        |          |       |       | Friern<br>Hospital. | No. Removed<br>to Hospital. |
|---------------------|--------|----------|-------|-------|---------------------|-----------------------------|
| North.              | South. | Central. | East. | West. |                     |                             |
| 9                   | 28     | 36       | 2     | 5     | -                   | 2                           |
| 2                   | 4      | -        | -     | 12    | -                   | -                           |
| 6                   | 2      | 4        | 1     | 9     | -                   | 3                           |
| 1                   | 2      | -        | -     | 1     | 1                   | 1                           |
| 2                   | 13     | 1        | -     | 1     | 21                  | 1                           |
| -                   | 1      | -        | -     | -     | -                   | 1                           |
| -                   | 2      | 1        | 1     | -     | 1                   | -                           |
| 6                   | -      | 3        | -     | -     | 8                   | -                           |
| -                   | -      | -        | -     | -     | -                   | -                           |
| -                   | 4      | 2        | -     | -     | 1                   | -                           |
| -                   | -      | -        | -     | -     | -                   | -                           |
| -                   | -      | -        | -     | -     | -                   | -                           |
| 26                  | 56     | 47       | 4     | 28    | 32                  | 8                           |

TABLE 2.

ANALYSIS OF CASES OF TUBERCULOSIS NOTIFIED DURING 1956.  
AND THE MORTALITY FROM THE DISEASE OVER THE SAME PERIOD.

| AGES.     | NEW CASES. |    |                |    | DEATHS.    |    |                |    |
|-----------|------------|----|----------------|----|------------|----|----------------|----|
|           | PULMONARY. |    | NON-PULMONARY. |    | PULMONARY. |    | NON-PULMONARY. |    |
|           | M.         | F. | M.             | F. | M.         | F. | M.             | F. |
| 0 - 1     | -          | -  | -              | -  | -          | -  | -              | -  |
| 1 - 5     | -          | -  | -              | -  | -          | -  | -              | -  |
| 5 - 10    | 1          | -  | -              | -  | -          | -  | -              | -  |
| 10 - 15   | 1          | -  | -              | -  | -          | -  | -              | -  |
| 15 - 20   | -          | -  | -              | -  | -          | -  | -              | -  |
| 20 - 25   | 2          | -  | -              | -  | -          | -  | -              | -  |
| 25 - 35   | 2          | 3  | -              | -  | -          | -  | -              | -  |
| 35 - 45   | 2          | 2  | -              | -  | 1          | -  | -              | -  |
| 45 - 55   | 3          | -  | -              | -  | -          | -  | -              | 1  |
| 55 - 65   | -          | -  | -              | -  | -          | -  | -              | -  |
| 65 & Over | 1          | -  | -              | -  | -          | -  | -              | -  |
| TOTAL.    | 12         | 5  | -              | -  | 1          | -  | -              | 1  |

TABLE 3.

REGISTER OF TUBERCULOSIS.

|  | PULMONARY. |         | NON-PULMONARY. |         | TOTALS. |
|--|------------|---------|----------------|---------|---------|
|  | Male.      | Female. | Male.          | Female. |         |
| Cases on Register at 1.1.56.           | 113        | 84      | 6              | 20      | 223     |
| Cases notified for first time 1956     | 12         | 5       | -              | -       | 17      |
| Other cases added to the Register 1956 | 4          | 6       | -              | -       | 10      |
| Cases removed from Register 1956       | 13         | 12      | 1              | 1       | 27      |
| Cases remaining on Register 1956       | 116        | 83      | 5              | 19      | 223     |

TABLE 4.

## ANALYSIS OF THE CAUSES OF AND AGES AT DEATH

| CAUSE OF DEATH.                                 | AT ----- AGES |              |              |               |                |                |                |                |                    |
|---|---------------|--------------|--------------|---------------|----------------|----------------|----------------|----------------|--------------------|
|   | 0<br>to<br>1  | 1<br>to<br>2 | 2<br>to<br>5 | 5<br>to<br>15 | 15<br>to<br>25 | 25<br>to<br>45 | 45<br>to<br>65 | 65<br>to<br>75 | 75<br>and<br>Over. |
| Accident.                                       | -             | -            | -            | 1             | -              | 1              | 1              | -              | 5                  |
| Bronchitis.                                     | -             | -            | -            | -             | -              | 2              | 4              | 15             | 22                 |
| Cancer.   | -             | -            | -            | 1             | -              | 3              | 25             | 17             | 11                 |
| Congenital Mal-<br>formation.                   | 2             | -            | -            | -             | -              | 1              | -              | -              | -                  |
| Diabetes.                                       | -             | -            | -            | -             | -              | 1              | -              | 1              | -                  |
| Diseases of heart<br>and circulatory<br>system. | -             | -            | -            | -             | -              | 2              | 47             | 84             | 173                |
| Gastritis.                                      | -             | -            | -            | -             | 1              | -              | -              | -              | -                  |
| Hyperplasia of<br>prostate.                     | -             | -            | -            | -             | -              | -              | 1              | -              | -                  |
| Leukaemia.                                      | -             | -            | -            | -             | 1              | -              | -              | 1              | -                  |
| Misadventure.                                   | 1             | -            | -            | -             | -              | -              | 1              | -              | -                  |
| Other defined<br>diseases.                      | 2             | -            | -            | 1             | -              | 4              | 9              | 3              | 9                  |
| Other diseases of<br>respiratory<br>system.     | -             | -            | -            | 1             | -              | -              | -              | 1              | 1                  |
| Other Tubercu-<br>losis.                        | -             | -            | -            | -             | -              | -              | 1              | -              | -                  |
| Pneumonia.                                      | -             | -            | -            | -             | -              | 1              | 3              | 9              | 21                 |
| Prematurity.                                    | 2             | -            | -            | -             | -              | -              | -              | -              | -                  |
| Suicide.  | -             | -            | -            | -             | -              | 2              | 4              | -              | -                  |
| Tuberculosis (Resp)                             | -             | -            | -            | -             | -              | 1              | -              | -              | -                  |
| Ulcer of Stomach.                               | -             | -            | -            | -             | -              | -              | 1              | 1              | 3                  |
| TOTAL.  | 7             | -            | -            | 4             | 2              | 18             | 97             | 132            | 245                |

DURING THE YEAR 1956 FOR THE WHOLE DISTRICT.

| WARDS. |        |       |       |       |              | Male. | Fem. | No. Reg. | In Tran. | TOTAL. |
|--------|--------|-------|-------|-------|--------------|-------|------|----------|----------|--------|
| North. | South. | Cent. | East. | West. | Friern Hosp. |       |      |          |          |        |
| 2      | 1      | 1     | 1     | -     | 3            | 4     | 4    | 4        | 4        | 8      |
| 2      | 2      | 5     | 1     | 2     | 31           | 20    | 23   | 36       | 7        | 43     |
| 11     | 10     | 8     | 8     | 7     | 13           | 29    | 28   | 22       | 35       | 57     |
| -      | 2      | -     | -     | -     | 1            | 2     | 1    | 2        | 1        | 3      |
| -      | -      | 1     | -     | -     | 1            | 1     | 1    | 1        | 1        | 2      |
| 44     | 24     | 30    | 6     | 28    | 174          | 110   | 196  | 248      | 58       | 306    |
| -      | -      | -     | -     | 1     | -            | 1     | -    | -        | 1        | 1      |
| -      | -      | -     | -     | -     | 1            | 1     | -    | 1        | -        | 1      |
| 1      | 1      | -     | -     | -     | -            | 2     | -    | -        | 2        | 2      |
| -      | -      | 1     | -     | -     | 1            | 1     | 1    | 1        | 1        | 2      |
| 2      | 3      | 2     | 2     | 3     | 16           | 13    | 15   | 17       | 11       | 28     |
| -      | -      | -     | 1     | -     | 2            | 1     | 2    | 2        | 1        | 3      |
| -      | -      | -     | 1     | -     | -            | -     | 1    | -        | 1        | 1      |
| 1      | 3      | 3     | 1     | 1     | 25           | 11    | 23   | 28       | 6        | 34     |
| -      | 1      | 1     | -     | -     | -            | 2     | -    | -        | 2        | 2      |
| -      | 3      | 1     | -     | 1     | 1            | 4     | 2    | 3        | 3        | 6      |
| -      | -      | -     | -     | -     | 1            | 1     | -    | 1        | -        | 1      |
| -      | -      | 2     | -     | -     | 3            | 4     | 1    | 4        | 1        | 5      |
| 63     | 50     | 55    | 21    | 43    | 273          | 207   | 298  | 370      | 135      | 505    |

TABLE 5.

INFANTILE MORTALITY.

NETT DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER  
1 YEAR OF AGE 1956.

|                               | Under 1 week. | 1 - 2 weeks. | 2 - 3 weeks. | 3 - 4 weeks. | Total under<br>4 weeks. | 4 weeks. and<br>under 3 months. | 3 months and<br>under 6 months. | 6 months and<br>under 9 months. | 9 months and<br>under 12 months. | Total under<br>1 Year. |
|-------------------------------|---------------|--------------|--------------|--------------|-------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|------------------------|
| All causes:-                  |               |              |              |              |                         |                                 |                                 |                                 |                                  |                        |
| Certified.                    | 2             | 1            | 2            | -            | 5                       | -                               | 1                               | 1                               | -                                | 7                      |
| Un-Certified.                 | -             | -            | -            | -            | -                       | -                               | -                               | -                               | -                                | -                      |
| Congenital-<br>Malformation.  | -             | 1            | 1            | -            | 2                       | -                               | -                               | -                               | -                                | 2                      |
| Intracranial-<br>Haemorrhage. | 1             | -            | -            | -            | 1                       | -                               | -                               | -                               | -                                | 1                      |
| Intestinal-<br>Obstruction.   | -             | -            | -            | -            | -                       | -                               | -                               | 1                               | -                                | 1                      |
| Misadventure.                 | -             | -            | -            | -            | -                       | -                               | 1                               | -                               | -                                | 1                      |
| Prematurity.                  | 1             | -            | 1            | -            | 2                       | -                               | -                               | -                               | -                                | 2                      |

APPENDIX 1.

MISCELLANEOUS.

(a) Letters to Doctors.

Letters on the following subjects were circulated to Friern Barnet practitioners during 1956, some being sent under my signature as Medical Officer of Health and others either as Area Medical Officer, District School Medical Officer, or jointly. As all the matters covered in these letters had a direct bearing on the health of at least a section of the community, and as it is extremely difficult to divide one's responsibility in such a vital matter as that of health, I have included all the topics covered:

Exclusion from school for Winter Vomiting or Dysentery.  
Winter Vomiting, Dysentery and Poliomyelitis. (hygienic precautions in schools)  
Acute Anterior Poliomyelitis.  
Inoculation against Poliomyelitis.  
Circulation of Public Health Services Handbook.  
Collection of Laboratory Specimens (Holiday periods).

I have set out this list of letters in detail, as I hold very strongly that the transfer of information between the Public Health Department (and Area Health Office) and general practitioners is of the utmost importance. I am very happy to say that, as has been the case since I took up my duties in Friern Barnet, the relationship between the Public Health Department, and general practitioners is close and cordial. We, on our part, try to keep the general practitioner fully acquainted with changes in policy, and with any matters of topical importance. General practitioners reciprocate by letting me know of incidents occurring in their practice which may have epidemiological significance. As I have indicated, this two-way traffic is most valuable. In this connection, I might also say that a great



deal has been done within the past few years to strengthen the links between the local health services and local hospitals. This is not always an easy matter, but my attendance on various committees, together with my personal contacts with members of local hospital staffs, and the visits which I pay to hospitals, have helped considerably.

(b) Medical Examinations.

During 1956, nineteen medical examinations were carried out in respect of entrants to the Council's service.

In addition six medical reports were issued relating to employees absent from duty for more than a short period through sickness.

